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## RESEARCH

## Promoção de saúde em grupos de idosos: reflexões para o envelhecimento ativo

Health promotion in groups of elderly: reflections for active ageing

Promoción de la salud en grupos de edad avanzada: reflexiones para el envejecimiento activo

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## ABSTRACT

**Objectives:** To analyze the perceptions of the elderly on health promotion in favor of an active aging; reflect on viable health promotion among elderly groups aiming to reach active aging strategies. **Method:** A descriptive, exploratory study with a qualitative approach, conducted with 45 subjects belonging to a group of conviviality. The project was approved by Brazil under the Platform CAAE 07243812.6.0000.5187. **Results:** Most elderly people belonging to this group had access to information about their pattern of aging. When inquiring about health promotion and active aging, possible to list out two thematic categories: I) Perceptions of the elderly on health and II) Perceptions of people on strategies for health promotion and empowerment of active aging. **Conclusion:** Spaces of experiences and elderly group allow the preparation of proposals for promoting the health and empowerment of active aging. **Descriptors:** Aging. Health Health Promotion. Nursing.

## RESUMO

**Objetivos:** analisar as percepções de idosos sobre a promoção de saúde em prol de um envelhecimento ativo; refletir sobre estratégias viáveis à promoção de saúde entre grupos de idosos visando o alcance do envelhecimento ativo. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado com 45 idosos pertencentes a um grupo de convívio. O projeto foi aprovado pela plataforma Brasil sob o CAAE 07243812.6.0000.5187. **Resultados:** a maioria dos idosos pertencentes a esse grupo tinha acesso a informações sobre seu padrão de envelhecimento. Ao questionar sobre promoção de saúde e envelhecimento ativo, fora possível elencar duas categorias temáticas: I) percepções das pessoas idosas sobre saúde; II) percepções das pessoas sobre estratégias de promoção a saúde e empoderamento do envelhecimento ativo. **Conclusão:** espaços de vivências e grupo de idosos permitem a elaboração de propostas para a promoção a saúde e o empoderamento do envelhecimento ativo. **Descritores:** Envelhecimento. Saúde. Promoção de saúde. Enfermagem.

## RESUMEN

**Objectives:** analizar percepciones de idosos sobre la promoción de salud en un grupo de personas con un activo envejecimiento; reflexionar sobre estrategias viables a la promoción de salud entre grupos de personas con un activo envejecimiento. **Method:** Estudio descriptivo y exploratorio, con una cualitativa con abordaje conducido con 45 -a grupo pertenecientes a un grupo de Convivencia. O projeto foi aprovado Plataforma Brasil sob o CAAE 07243812.6.0000.5187. **Results:** A maioria desse grupo tinha acesso a informações sobre seu padrão de envelhecimento. Ao questionar sobre promoção de saúde e ativo envelhecimento, fora possível elencar duas categorias temáticas: I) Percepções das pessoas sobre a saúde, II) Percepções das pessoas sobre estratégias de empoderamento saúde promoção do ativo envelhecimento. **Conclusión:** Espacios de experiencias y un grupo permiten a la elaboración de propuestas para la promoción de la salud y el empoderamiento activo envejecimiento. **Descriptores:** Envejecimiento. Promoción de la Salud de la Salud. Enfermería.

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## INTRODUCTION

The ageing population is considered, in actuality, a social phenomenon that is the subject of debate among researchers, social managers and politicians from several countries around the world seeking for better alternatives for active ageing. This fact has been the prerogative to stimulate the production of knowledge aiming at continuous search of early prevention of disabilities, whether they are functional and/or social, the ageing population, looking for ways to reduce the vulnerability that affect older people in developing countries, as in the case of Brazil.<sup>1-3</sup>

The change in the age pyramids of Brazil, in a period of 50 years, show that, in 2050, the number of elderly people in old age ( $\geq 80$  years) will exceed the children  $< 4$  year old. From 2006 to 2007, the number of people older than 40 years grew 4,2% and in people over 60 years grew 10,5%.<sup>4</sup>

In view of the increase in demographics of older people for the recent years, longevity can only be considered as an achievement of the society to the extent that add quality to the additional years of life. Any policy for the elderly should take into consideration the functional capacity of the elderly person, their autonomy, their social participation, your satisfaction, as well as available resources to guarantee their rights mainly related with the preservation of his health. Should consider, too, the heterogeneity of aging, the role of the elderly in different social contexts and the development of new meanings to old age.<sup>5</sup>

Therefore, aging, today, is a complex process and grow old with health is considered a privilege for a good live when away from the functional disability from the perspective of a physical, psychic and social well-being.<sup>2-3</sup> However, the authors reveal that there is a unique formula of having health in old age, because aging happens so singular for individuals.<sup>6</sup>

On the uniqueness of the aging process in relation to individuals, studies based on social representations and active ageing, made from the conceptions of elderly functionally independent, pointed to negative ideas about aging portrayed by the difficulties faced by the elderly, both in everyday terms as regards their membership groups in relation to the aging process. I.e. the aging term when he wasn't associated with the active Word was represented as a synonym for *losses* and *disabilities*, which demonstrated the difficulties experienced by the elderly to accept this step of life, sharing representations have spread in society. However, when associated with active ageing expression (corresponding to the biopsychosocial balance and completeness of a human being that is inserted in a social context and that, although old, still able to develop its full potential) was accepted as a positive conception among vital steps.<sup>7</sup>

Establishing the relationship of health promotion in the present day, studies point to strategies that enable the subject as being active in building their own autonomy in the face of self-care. There are two recommendations to follow: invest in self-care of the

elderly person, as an expression of their autonomy, entailing investment in activities that value their skills and abilities essential to tackle the stigmas that associate old age with "decadence"; and secondly, to stimulate and create conditions for the active participation of older persons in the social and political reality, as in the case of groups of elderly social institutions. These actions are in line with the individual and community dimensions of *empowerment* (empowerment), key concept of the new Health promotion.<sup>8-9</sup>

Within this perspective, this study came from an experience with a group of elderly people on the basis of the following main issues: *How is understood the health for older people, belonging to a program of Open University of maturity? After meetings about health promotion and aging, which the perception of these in relation to active ageing?*

Before such questions sought to carry out a study that aims to examine the perceptions of older people on the promotion of health for active ageing; and reflect on viable strategies to promote health among elderly groups aiming at the achievement of active ageing.

## METHOD

This was a descriptive and exploratory and analytical research with qualitative approach, which was part of the project *Healthy Ageing Contextualized for Elderly Individuals*. The survey was conducted with a group of elderly Open University program maturity (UAMA) by the Federal University of Paraíba, in the municipality of Campina Grande/PB, in the period between August 2012 to June 2013.

The study subjects were elderly who participated of the discipline entitled: education for full health. The universe provided was approximately 50 elderly, but participated in the discipline 45 individuals, five of the participants were excluded from the investigation because they have not experienced all the dates. The inclusion criteria were based on: people over 60 years of age, be diligent to meetings in the period of the survey, want to participate in the study by willingness, in addition to being conscious to be participating in a scientific investigation.

12 meetings were held with health promotion related issues in support of active and healthy aging: 1) Initial conceptions about aging and health; 2) Health as a collective good; 3) Health care and the aging process; 4) Public policies and health of the older person; 5) Care of the brain; 6) Taking care of your heart; 7) Caring for the kidneys; 8) Lung care; 9) Skin care; 10) Hypertension and Diabetes; 11) Chronic non-communicable diseases and aging; 12) Assessment of the meetings and construction of the concept of health for active aging.

In first dates applied a data collection instrument containing questions based on social, demographic data and health of each participant. During the meetings were held and dynamic relaxation techniques group focused on the theme of the day. The dialogue between researcher and participants was permeated by the exchange of knowledge between scientific knowledge and common sense.



For this study, crucial points were investigated on the basis of the following cut-outs for reflection: *On his perception what is health? What meetings have contributed to his life in relation to the aging process?*

For analysis of the social, demographic data and health was used the descriptive statistics analysis for characterization of the studied population. With respect to subjective data, main source of the proposed objectives for this study, we used content analysis.<sup>10</sup>

Stages of content analysis: they took into consideration three major stages: 1) content analysis) the pre-analysis; 2) the exploration of the material; 3) treatment of results and interpretation. The first step consisted in the Organization of the text, which was used to reading, organizing the material obtained and elaboration of indicators to substantiate the interpretation of data. In the second step, the data were coded from the text units. In the last step, the categorization, which consisted in the classification of elements according to their similarities and differentiation, with later regrouping, according to common characteristics.<sup>10</sup>

The lines presented in thematic categories will be set out taking into account the letter and related code with a specific numbering of type code, used throughout the collection process and organization of data, while ensuring the anonymity of the subject end of the study.

All ethical criteria were taken into account in accordance with what is stated in the Resolution 196/96 of the National Health Council, being the Protocol nº 07243812.6.0000.5187 approved by Platform Brazil, and before all dates out read and signed an informed consent form, for research with human beings.

## RESULTS AND DISCUSSION

### Characterization of the participants of the study

In this session are described some features of the elderly group, participants of this study. It was a group of coexistence that participated, at the time of research, the Open University of Paraíba State University organized for over a year. Participants were part of a group of elderly living composed of 45 people with ages between 60 and 87 years who was twice a week to study and reflect on the General aspects of aging in the approaches of health, social, cultural, economic and human. Schooling was heterogeneous, ranging from the first to the top level with full degree graduate.

Most of the Group was composed of people of the female gender (91,1%), marital status divorced, widowed, married and single. Most of the participants had household income between 1-3 minimum wages (66,6%). In relation to health, habits of the participants, 77,3% denied smoking and 97,7% denied alcoholism. Those who practiced physical exercise, the vast majority (77,7%) claimed to practise activities at least three times a week, including the most common ones were walking, water aerobics and weight training.

When it comes to health condition, all elderly, participants of this study, presented some chronic disease not transmittable, including hypertension, diabetes, osteoporosis, cardiovascular disease and gastritis. Only one of the 45 participants said not to worry about

vaccines. The other participants claimed to take into account the recommendations of the Ministry of health for vaccination of the elderly person.

It was found that most of the people belonging to this group have access to information about your aging pattern and, since then, looking for ways to grow old well. However, when questioned about the aspirations regarding the content "Integral Education for Health" proposed by meetings that would be offered by the UAMA, there was, unanimously, expressions that sought answers to better optimization of active ageing. These were marked by the following lines:

*"I hope to learn more, I have many health problems and old age sometimes makes me worried, so hopefully with these meetings, I have the ability to better understand what can I do to live better, without pain and humorous" (E.3).*

*"I don't know much about things that happen to me, but I would like to know, because it's the only way I see how can I ease the problems of old age". (E.12)*

*"Is it possible to ease my woes? Is pain here, is pain there, each day I take more meds, I'm glad you wanted me to take care of. I hope to learn more about my health." (E.5)*

No need to think about aging as a complex and heterogeneous process that needs to be Demystified ancient conceptions of old age only in relation to losses. The lines refer to questions of elderly people who still want to learn more about ways to be freestanding and postergare disabilities arising of diseases that are part of their lives and the aging process itself.

The experiences to maintain the well-being and or to deal with the illness are constant in the lives of those facing aging, promote health and encourage behaviours aimed at maintaining the autonomy and aging said active or healthy. In this way, the successful aging happens to be understood as a condition to be hit by anyone who deals with the changes of aging.<sup>11</sup>

The understanding of what constitutes good ageing and its concept has become a form of reaction to the association between age, losses, damage and downtime. The use of models and theories of health promotion facilitates the understanding of the determinants of health problems and the orientation of the solutions that respond to the needs and interests of the elderly, in addition to the contribution to the promotion of knowledge, reflection and decision in acts of caring and act, favoring the scope of health in the aging process.<sup>12</sup>

The painting, the countersignature 01 thematic categories listed for this study, which will be detailed later. Thus, it was possible to find two thematic categories in relation to the study: I) Perceptions of older people on health; II) Perceptions of health promotion strategies and empowerment of active ageing. Which presents a whole reflection in relation to the proposed subcategories for each group.

Table 01 - Categories and subcategories thematic study on health promotion in older groups, Campina Grande/PB, Brazil, in 2013.

I CATEGORY: PERCEPTIONS OF OLDER PEOPLE ON HEALTH
Subcategories: - Health and Quality of life;
- Absence of disease;
- Balance between body and soul.
II CATEGORY: PEOPLE'S PERCEPTIONS ABOUT HEALTH PROMOTION STRATEGIES AND EMPOWERMENT OF ACTIVE AGING
Subcategories: - Active ageing and control of CNCDs;
- Active ageing and social inclusion

Perceptions of older people on health

When questioned what it was for the participants, it was possible to verify the heterogeneity of health vision among physical, biological aspects, social, economic, moral, spiritual and cultural value. Clarifying an understanding of current health that extrapolates with biomedical concepts given socially over time.

The thematic categories demonstrate an understanding existential, phenomenological complex of health for the elderly. Your lines are evidence that health goes far beyond the purely biological understanding, surpassing the sense of be for spiritual issues.

In relation to the first category of this group, perceived **Health** in the context of **quality of life**, it was possible to identify it in the following examples of answers:

*"Health is to have quality of life". (E.1)*  
*"Feel happy, mood, work, balanced diet and good, sleep well, know how to live and love your neighbor, to serve, is to have a good quality of life"(E.3)*

It was observed, the lines, the concept of health assigned to the quality of life if surrounded by social provision concepts related to social inclusion at work, in social coexistence, as well as the term happiness in harmony with yourself and with others in physical terms, biological, social and moral, referring also to take care of yourself through proper nutrition and balanced in addition to the need for rest, utility and functional capacity.

Another category lists from the perceptions of older people, was related to the **absence of disease**, and can be illustrated by the following lines:

*"Layout, absence of disease." (E.16)*  
*"Do not have blemishes, nor create diseases."(E.18)*

Well-being in old age, or health, demonstrates the participation in social, economic, spiritual activities, cultural and civilians. The term is now seen as the result of the balance between the various dimensions of the functional capacity of the elderly, without necessarily mean the absence of problems in all dimensions.<sup>13</sup>

The third category entered was called the **balance between body and soul**. This was added the answers that directed the term health, one of the body's physical and spiritual aspects. We selected the following examples:

*"It's living life with joy and participate with what nature provides."(E.27)*

*"Is the balance between the physical, mind and our spirit. Always think positively. Have faith in God, overcome the loss and love."(E. 15)*

It should be noted by those lines, that is no need to resume the concept of health that involves both the physical body as the process of understanding of the human soul, closely tied to all the symbolism and subjectivity required to include one of the concept of health, the other concepts of importance in the collective, including spirituality and culture.

Must reflect the health and health care as a social perspective, based on a value, a social good, which we all do part as citizens of the world, in search of a collective and social rhetoric.<sup>14</sup>

You can see also with these lines that the whole process of building the health concept, beyond the life experience of each in relation to your own health condition, is often mediated with their own attitudes towards participation in coexistence groups and academic space, when these are already part of a context of UAMA Program, an initiative of social inclusion, as an incentive to the policies of inclusion of the elderly person and guarantee of social and physical wellbeing.

#### **Perceptions of older people about the strategies of health promotion and empowerment of active aging**

The meetings with elders allowed the dialogue on health care, promoting active ageing, current state of health of each participant and self-care in face of the most common problems in old age in relation to various organ systems (nervous, cardiovascular, respiratory, endocrine, Genitourinary). In addition, the seminar discussed the Brazilian public policies in relation to the National Health Program for the elderly and the health system on the basis of thematic categories listed in this study when there was a positive conception of the dates for the elucidation of active ageing and health of older people.

It was found that it was feasible the construction of two thematic categories according to the evaluation woven by all study participants involved in the discipline Education to full health. The categories included: **Active ageing and control of Chronic Non-communicable Diseases (CNCDs); Active ageing and social inclusion.**

In the category of **Active Ageing and Control of CNCDs**, all the lines were selected who claimed the collaboration of meetings as stimulants to critical reflection about the dynamics of ageing well, active and healthy, not targeting just the absence of disease. One of the lines was possible to evidence that aging can be active and successful, if it is advocated the importance of therapeutic regimes, as a form of empowerment to functional disability prevention. The evidence reveal such conceptions by speeches below:

*"I learned from the meeting that we need to take care of more and more as it is not age that in tips, but the lack of control of diseases that we have. Also learned not to be afraid of my illnesses, I really do is to continue to take care of myself"(E.30)*

*"I thought that the school gave me the opportunity to get to know me better, I was too scared of the diseases and the medicines I take. Today I can see that I need to take my medication, in addition to walking, and I eat healthy, fat-free and sugar."(E.22)*



*"These lessons were helpful, because we had notions about prevention and how search paths that lead us to the control, the cure is difficult, but the scheme is important to live well".(E.43)*

The understanding of what constitutes the aging and its concept has become a form of reaction to the association between age, losses, damage and downtime. The use of models and theories of health promotion facilitates the understanding of the determinants of health problems and the orientation of the solutions that respond to the needs and interests of the elderly, in addition to the contribution to the promotion of knowledge, reflection and decision in acts of caring and act, favoring the scope of health in the aging process.<sup>12</sup>

In this perspective, discuss health issues that each participant was and bring them into the search for viable solutions, were strategies used in some meetings that allowed the elderly person reflect on their responsibilities in the face of the your self-control on the diseases that claimed to be carriers. And from the shared knowledge and collective discussion permitted, Dialogic was built some concepts needed to ease the fears and the concerns facing situations of diseases and therapies needed to live with quality of life, even though people with cronicidades.

Another category lists **was active aging and social inclusion**, in this chosen to speak out that they referred to dates allowed to understand that there is a need for social inclusion and health, the social disengagement allows the appearance of unplanned and necessary to participate always moments of reflections, as this helps in better understanding of life processes and aging. Were highlighted the following lines:

*"More and more I realize how nice it is to participate in special moments like this. I learned and am always seizing the handle myself. And that's pretty good! "(E.31)*

*"I've longed to take care of myself, but still had many questions about my health. These meetings have been useful because it was possible to take some questions I had about my arrangements and how to live better and better in old age ".(28)*

The autonomy, independence, active involvement with life, the family and society, seeking the balance between the limitations and potential of the individual are relevant aspects for the attainment of a healthy old age. During all the meetings outside motivated the inclusion of all participants, so that everyone could participate collectively building concepts and increase the self-esteem of the group itself. It was found that the search for activities that always included a positive all in productions of texts and contexts made them feel more optimized in participating the discussions in class.

The activity, a term that includes the practice of physical and mental exercises, group and individual, is a legitimate factor in the quest for health in aging process.<sup>15</sup>

The idea of health is associated with feeling good and happy, to exchange information and experiences with each other. Through the accounts of elderly participants of Health Promotion Groups (HPG), it is understood that people who build these groups, the health team in conjunction with the community, present a larger view of health, to the extent that they organize and carry out these groups according to the needs presented by the community.<sup>16</sup>

## CONCLUSION

Through the dialogic approach between elderly and researcher based on the content of the discipline integral education for health in UAMA, made possible the construction of reflection on health for older people, as well as initiatives to gain empowerment well-being before the actions of care front active aging.

It became evident that the experiences and spaces of elderly group conversations let you optimize your proposals for promoting health and active aging as there is Exchange of experiences to each encounter and collective discussions manage the production of shared knowledge. There's a (re)elaboration of necessary actions to the welfare approach of contradictory reality of losses involved with the process of human aging, developing important profiles in front of active ageing.

The study presented limitations in relation to the continuous search that the elderly person has for exchanges of experience, demanding that the group is over, only with the twelve meetings.

Reflected that building convivial spaces between elders, when motivated, is a space of knowledge exchanges that encourage proposals such as the health promotion. It is believed, therefore, that group dynamics of conviviality and universities open to maturity are initiatives that should be encouraged in the interests of public policies aimed at active ageing.

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